

THERAPEUTIC USE OF CANNABIS ADVISORY COUNCIL

Friday, September 23rd, 2016, 1:00 PM
Legislative Office Building, Rooms 205-207

MINUTES

Members in attendance:

Devon Chaffee, NH Civil Liberties Union
Stuart Glassman, MD, NH Medical Society
Michael Holt, Department of Health and Human Services (Clerk)
Jill Hunter, APRN, NH Nurse Practitioner Association
Representative Bill Nelson, House of Representatives Member
Richard Vincent, Qualifying Patient
Senator John Reagan, NH Senate Member
Lt. John Encarnacao, Department of Safety

Members absent:

Robert Andelman, MD, NH Board of Nursing
Barbara Keshen, Public Member
Representative James MacKay, Chair
Andrew Shagoury, NH Association of Chiefs of Police
NH Board of Nursing Member (vacant)
NH Attorney General's Office Member (vacant)
Community Hospital Member (vacant)
NH Hospital Member (vacant)

Call to Order

Senator Reagan called the meeting to order at 1:06 p.m.

Council Membership

Sen. Reagan asks Mr. Holt to discuss Council membership. There are four vacancies on the Council. Mr. Holt indicates that reminders will be sent out to the appointing bodies about vacancies. Sen. Reagan indicates that any membership suggestions could be sent to Rep. McKay, Sen. Reagan, or Mr. Holt.

Review and Approval of Minutes

Minutes from the November 20, 2015 meeting were approved by a unanimous vote. Moved to approve by Mr. Vincent; seconded by Dr. Glassman. Unanimous vote to approve.

Review and Approval of 2015 Annual Report

2015 Annual Report of the Therapeutic Use of Cannabis Advisory Council was approved by a unanimous vote. Moved to approve by Rep. Nelson; seconded by Mr. Holt. Unanimous vote to approve.

Comments/Questions on Annual Report

Mr. Holt indicates one correction made to the version handed out at the meeting to add Jill Hunter, APRN, to the membership.

DHHS Update

John Martin, Manager, Bureau of Licensing and Certification, outlined program achievements since the November 2015 Council meeting.

ATC Status

- All four dispensaries are open: Sanctuary in April, Temescal Wellness in May; Prime in August.
- Two of the three cultivation centers are open: Sanctuary and Temescal both in January. Prime will begin cultivating soon; Prime is currently selling product cultivated by the other two ATCs.
- Products offerings include: flowers and other forms for smoking, as well as edibles, tinctures, and transdermal patches.

Program Status

- The Program began accepting applications on November 2, 2015, and began issuing registry identification cards on December 28, 2015.
- As of September 22, 2016, the Program had received 1,992 applications from potentially Qualifying Patients and Designated Caregivers. Currently, there are 1,339 Qualifying Patients with registry identification cards and 65 active Designated Caregivers. 51 applications have been closed because they have been incomplete. 28 applications have been denied.

Legislation Status

- SB 419 (Sen. Reagan sponsor) became effective June 10, 2016, and in part allowed medical providers in states that border New Hampshire (Maine, Massachusetts, and Vermont) to certify their patients who are NH residents for NH's Therapeutic Cannabis Program. Such providers must be primarily responsible for the patient's care related to the patient's qualifying medical condition.
- SB 419 also allowed for "facility caregivers" which allows certain residential facilities licensed under RSA 151 to opt to become a facility caregiver so that they are protected under the law for possession of cannabis on behalf of their residents or patients who are registered qualifying patients with the cannabis program.
- HB 1453 added ulcerative colitis to the list of qualifying medical conditions.

Questions

Dr. Glassman: What about pediatric patients who need cannabis therapy while at school? What are school systems going to do? Discusses this question arose in Maine

Mr. Martin: Has received two inquiries on this. To allow cannabis on school property would require a change in the law, because law says cannot possess on campus or in designated school zone.

Mr. Holt: NH Dept. of Ed. called and asked about this issue. While it is not lawful to possess cannabis on school grounds, being under the influence of cannabis is not strictly prohibited. So could a patient could theoretically leave school grounds, administer or be administered the therapy, and return to school. Such allowance would likely require a DOE policy.

Dr. Glassman: Other states allow the caregiver to come to the school to provide it to the patient for pediatric situations under the age of 18.

Devon Chaffee: Questioned the timing of card issuance and the backlog.

Mr. Martin: The Department does have a backlog and is working to eliminate it. The RSA says cards are to be issued within 20 days, but the Department is not meeting that goal; it is at least twice that timeframe. But it is getting better. The Department has moved the registry staff (one full time person, and one part time) to part of the Division of Client Services, where there are more resources, including two swing employees working on the registry as needed. It is not a perfect solution but it is improving.

Mr. Holt: Early October is the goal for eliminating backlog.

Mr. Martin: The Department's plan is to switch its registry database from an MS Access database, to a commercial product with greater capacity and functionality.

Mr. Holt: One element of the new database will be an online portal where patients can apply directly on-line.

Devon Chaffee: Keep the Council up to date on backlog and the need for more resources.

Rep. Nelson: Have there been any complaints?

Mr. Martin: The Department has received only one complaint. Most patient feedback has been very positive. The one complainant was very vocal about the cost of the product.

Mr. Holt: the most common complaint about the program is with regard to medical provider participation. Many providers are still unwilling to certify their patients.

ATC Presentation

Anthony Parrinello, Executive Director from Temescal Wellness.

Opening Remarks

- Thank you for all the Department and Council is doing.
- There is no drama with the program, no overdoses, no law enforcement involvement, etc.
- The conversation about therapeutic cannabis has become a mainstream conversation, including that NH has a responsible and thoughtful program.
- Despite the delays with cards, there has been an overwhelming demand for this program.
- The Department is working very hard, and it's important to recognize that dedication.

Power Point

“By the Numbers”

- Invites Council members to the ATC to visit and learn.
- Effects of using cannabis versus opioids. Patients are getting real traction from the program
- Med. Society, private practices, etc. do not understand the program; they are a little scared, and need more information.
- Temescal has a registered nurse on staff, who has gone and continues to go out to educate practitioners, regarding dosages, products, etc.

“Key Metrics”

- Temescal offers responsible pricing, with an affordability program that has a tiered structure based on need, up to 35% off retail price. Discounts so far of just under \$25,000. This is a very high amount for a non-profit, where there is an 18% debt service obligation to lenders, a high cost structure (eg, insurance, organic production requirements, etc.). There have been complaints from some about cost, but the costs are responsible based on the structure of the program.

“Patient Experience”

- Consultations are not required, but they are strongly recommended. 91% accept a consultation, with an average time of 27 minutes.
- More than half of all patients have no cannabis use history.
- Temescal can now accept debit cards, which is another fee that is absorbed by the ATC and not passed on to patients.

“Moving Forward”

- Unannounced inspections by the state are going well, with no cited deficiencies.
- Now it is important to look at models that are working across the country and to try to help more NH patients.
- Possible legislative changes to provide more access to the program include:
 - Changing the “and” to an “or” with regard to qualifying medical conditions.
 - Adding PTSD.
 - Adding chronic pain as a stand-alone condition.

General Discussion on Outcomes Measurements

Dr. Glassman: He sent information to the Council relating the statutory requirement that the Council make a recommendation at the 5 year mark whether the program should continue or be terminated. How does the Council make such a recommendation? What are the program outcomes for patients? What are the outcomes in other states?

Mr. Holt: This issue comes up at every meeting because this is no easy task. What is, or will be, readily available based on current work is information about patient satisfaction and product efficacy:

- ATCs are in the process of administering patient satisfaction surveys.
- ATCs have been administering patient intake and quarterly surveys since they opened. These surveys were developed based on the sample surveys presented to the Council by Dr. Seddon Savage on behalf of the NH Medical Society at the November 2015 Council meeting. They are voluntary, but participation is reported to be very high. Aggregating survey data is work that is yet to be done.

Societal outcomes measurements (for example, increased or decreased emergency room visits) will be more difficult to ascertain. It’s unclear if the Council can do anything with regard to these outcomes. Are emergency rooms collecting this information? If so, how do we get it? What about law enforcement outcomes? Any ideas from Council members would be welcome.

Ms. Hunter: What is the experience with patient surveys at Temescal Wellness.

Mr. Parrinello: Surveys are offered at a patient’s first visit to the ATC to establish a baseline. Participation is not required, but over 80% patients complete the surveys.

Ms. Hunter: Where did the surveys come from?

Mr. Holt: The surveys were based on the NH Medical Society’s sample survey, developed by the Department, the three ATCs, and a Ph.D. student from Dartmouth-Hitchcock, who assisted Dr. Savage’s presentation of those surveys to the Council in November 2015. The initial survey is different from quarterly survey. There is a specific question related to the use of opioid medication.

Sen. Reagan: Certifying providers can give the best feedback about how patients are responding to the cannabis therapy.

Dr. Glassman: Patient information should be the same whether collected by the ATC or by the provider.

Ms. Chaffee: What steps are taken to maintain confidentiality of the surveys?

Mr. Holt: Patient names are not on the surveys, but patient registry identification numbers are.

Rep. Nelson: Does the Department of Safety keep track of any outcomes information? Have there been any incidents, or traffic accidents?

Lt. Encarnacao: Not aware of any incidents with ATCs or in the field, but state police are not collecting that kind of data.

General Discussion on Potential Legislation

Sen. Reagan welcomes ideas for legislation to be forwarded to the Council Chair, and they will be considered to see what is possible. Little by little, we are trying to lessen the hesitation of the medical profession for participating based on fear of negative outcomes and the fear of jeopardizing professional licensure. We are trying to emphasize that this program is good for very sick people.

Advisory Council Member Updates

Mr. Vincent: This program has worked for him. His newest neurologist report indicates that he can reduce the number of pills he has been taking.

Ms. Hunter: Supports expanding the qualifying medical conditions.

Dr. Glassman: The NH Medical Society sponsored a therapeutic cannabis conference last week. The program comes up regularly at Medical Society meetings. There has been discussion about “and” and “or”, and such a change would make physicians more concerned about the program because there would be no condition to tie the symptom to. There have been questions about how conditions get on each state’s list and not understanding the science behind them.

Lt. Encarnacao: There have been no issues with the NH dispensaries. A lot of marijuana comes into NH from dispensaries in other states.

Mr. Holt: The Department is working on a rule change and will bring the rule to the Council at its next meeting in October:

- Align ATC registration with the state fiscal year
- Create a new ATC fee structure based on actual Department costs for administering the program. Currently the rule imposes a flat fee for the ATCs; the rule would change that to reflect actual Department costs. The Department is targeting the December JLCAR for this rule.

Ms. Chaffee: Will there be an increase or decrease in ATCs fees?

Mr. Holt: ATC fees are expected to be about the same.

Dr. Glassman: With regard to prospective legislation, most states require education for certifying providers, for example, New Jersey and Florida. Should this be required here so that certifying providers know what they are doing and why?

Public Comment

Public Member: The work this Council has done has helped take away the stress; the medicine helps.

Sen. Reagan: If there a public member who has a suggestion for potential legislation, please send it in.

Erica Golter:

1. There is a need for expanding the list of qualifying conditions, including: the “and/or” issue; the Department’s case-by-case determination; and adding “conditions” to the “one or more injury” category.

Sen. Reagan: Please send suggestions for legislation to the Council in writing.

2. Asks to make the Council meeting agenda available to the public before the meeting.
3. Does the backlog of applications present any liability issues for the Department?
4. How is the Department preventing backlogs in the future?

Mr. Holt: This question was addressed earlier (eg, swing staff, new staff, database improvements), and hopefully by early October the backlog will not exist and there will not be a new one created.

Vale Douglas: Works for the Democratic Party in Belknap County. Wants marijuana to be legalized.

Paul Twomey: Former counsel to NH House. Veterans Administration patients have contacted him. Question for Dr. Glassman: Since VA doctors cannot certify patients, would it be possible for such a patient to take the required 3 month treatment record to another doctor, who is not working for the VA or under those restrictions so that the second doctor could certify based on a review of a medical record only? Most VA patients cannot afford to begin treatment over again with a second doctor.

Dr. Glassman: This program requires there to be a provider-patient relationship.

Sen. Reagan: Please submit detailed recommendation for consideration.

Dr. Glassman: The NH Medical Society position is that the patient and certifying provider need a direct relationship.

Meeting Adjourned

Meeting adjourned at 2:20 p.m.